DEPAYTMENT OF HEALTH AND HUMAN SERVICES

Phinau 05322015 CORMARMOVER CORB NO 0938-0691

CENTERS FOR MEDICARE & MEDICAID SERVICES 医凯勒斯 的现在分词形式 医水 医对印度多种原理人 ALL PROVIDENSUPPLIENCIA NUAL CALCALENT OF DIFFICIENCIES A BUS LONG OF MAIN BUILDING OF COMPLETY RENTING ODICK NOVELLIC AND PLACECY CORRECTION 495368 05/05/2015 6 PANG STREET SHOW AS BECOME HAS RE HASE OF PROPERTY OR SUPPLIER 8820 VIRGINIA STREET AMELIA NURSING CENTER AMELIA, VA 23002 PROVIDERS PLANTE CONRECTEN IE) SUBJECT STATE LIGHT OF DEFICIENCIES 13,45 115 COMPLETE. ALACTERCHIECTAF ACTURA WAGLITTE PHEFIX AND THE RELEASE WHEN THE PREDICTION BY FOLL WING HEADERS Paterns W. 1 CHOSE-OFFICE DEAL TO THE APPROXIMENT OR USC 100 NOT YING RECOMMEDIA 161 15G gastaceatg K DOO K DOO. INITIAL COMMENTS Description of straighte. One Story with a construction type of type V(000). Surjukter states. Fully spretklered in accordance with NEPA-13 An unannounced Recertification Life Salety Corin survey was opeducted 5/5/15 in accordance with 42 Gode of Federal Regulation, Part 483 Requirements for Long Torm Care Facilities The facility was surveyed for pampliance using the LSC 2000 Existing regulations. The facety was not in compliance with the Requirements for Parlicipation Medicara and Medicard The hedrop Stat follow demonstrate non-compliance with Title 42 Code of Regulations, 1. Doors 107, 112, and 217 adjusted 483 70(a) et seg (Life Salety from Fife) 05/26/15 by Maintenance Director to close 医急缩 KIND REPRESENTED SAFETY CODE STANDARD and latch properly with no excessive SS=0 Opers protecting confider openings in other than force. required enclosures of vertical openings, exits, or 05/27/15 harardous areas are substantial doors, such as 2. 100% inspection of all doors by those constructed of 1% inch solid-bundled core Maintenance Director and Staff to wood, or coyable of resisting his for of least 20 ensure they all are properly latching numbers. Doors a sommerred buildings art only required to resist the passage of suteker. There is without excessive force. no reprodingent to the closing of the doors. Duors and provided with a modes suitable has keeping the 05/26/15 door closed. Dutch doors meeting 19.3.6.3.6 are Administrator in-serviced 3. political 19363 maintenance department on the importance of all doors properly Roller latches are prombled by CMS regulations m withouth once facilities latching without excessive force to passing prevent smoke from

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DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

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		495358		8 KING	- Managamagamaga (g. 485) re	05/05/2015
ł	CONDER OR SUPPLIER KURSING CENTER			SS, OTY, SIA GINIA STR VA 23002	EET	
(X4) IG PREFIX TAG	(FAC TOCHCHEROX MUS	THE PRECEDED AT FULL, RE ENTIFY HIG THE CEMATICAS		i Dei	Podence Plan of Founder Bold Correction, authorization Bold Corrections Cropped Corrections	LDBE COURTAN
K 018	Continued From pag	G 1		K 018	4. Weekly Maintenance Departricheck all doors to make sure the impediment to the closing of the other all latch positively without force. This report will be turn Administrator weekly.	ere Is no doors and excessive
	curridor doors there a have positive falching to latch (he doors that	met as evidenned by fons at least 80% of the feast 80% of the fee doors found that did or requires excessive could allow smoke to is could effect about 10	not lorce pasa			
	Findings include					
		4:55 pm on 5/5/15 (hai 107 (equired excessive th the door.				
		n 4:65 pm and 5:00 pm vidoor to monti 112 (fil) ridoor.				
		5:20 pm on 5/5/15 that 217 latching when clos				
ଟ୍ୟ≃ଞ	Smoke barners are oc a one half hour line ran accordance with 8-3	Smuke bartiers may		X 0.15	1 a. 5moke barrier wall penetration: wing near the clean linen storage ro with a listed design and promaintenance.	om sealed 05/29/15
	panels and sleet fram	glasing or by wired of es. A minimum of two ts are provided on eac			b. Smoke barrier wall penetration smoke barrier doors near south whirlpools were sealed by listed of product by maintenance.	wing by

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AMELIA I	WRSING CENTER			RGINIA STE VA 23002				
tois fois	JEACHTE HOLEROY MUS	LATEMENT OF PEPCOENCIES THE PRECESSION PLANT FLANT ENTITION IN CENTRALISM	Sig Ar Over	10: 198£198 198£		PROVIDER'S FLAM OF CORRECTI FIGURES TWO ACTION SCALLS OWNERS SEED TO THE MARKED EXPRESSED TO THE MARKETS (YORKSTEED)	D 85	\$9\$1 :55\$\$55\$ \$:1-1:1
K 025	Continued From pag	ĕ 2		K \$25			···	
	dentations of smale	a barners in fully disclos	Š		c. 5mo	ke barrier wall penetrations	on North	05/29/15
	heasing, vantilaling, e 19373, 1937.5, 19	អឋ ១៩៩១៩អ៊ីសែមអន្ត sysi (។ 63, 19 1 ទី ឧ	tans			near the dining room were so design and product by mainter		
	This Standard is not Based open observa.		check of other pe	tenance Department perforn fall smoke barrier walls to che enetrations that are not prope sted design and product.	ck for any	05/29/15		
	barrier waits have ponetrobons, joints and openings that are not fire stopped and could allow smoke to pass from one side of the smoke naming to the other side. This could offect 75% of the occupants.				 In-service by Eagle Fire, Mark La importance of having all penetra rated smoke barrier walls properly with a listed design and product. 			05/28/1
	Findings lotifute			ill Include	05/29/15			
	It is observed between 5/5/15 that there are playing well above the	inspections of all smoke barrier walls to e all penetrations are sealed properly with design and product.				,		
	~*	oth wing, and near the clean linen storage room at ore not fire stopped with a listed design and oduct.						
	5/0/15 that there are plant above the south wing by whiches	n 4:46 pirt ønd 5:12 pirt tenetrations in the sing smoke barrier doors in als and in smoke barrii that are net fire stopped odyct.	લ્લ હ્યા ત જથી					
55-D		FPA IOI LIFE SAFETY CODE STANDARD			1.	Overhead doors came ar Astragal on 5moke Barrier North wing by whirlpool.	•	05/22/15
	Boor openings in smoke harners have in loss to 20-minute for postoction having or use at reast 1 March mick solid transport wood core. Non-minute protective pietos that to not exceed 48 inches from the hottom of the appropriate.				2.		hey have	05/22/15

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		MEDICAID SERVICES		ox an available	LE CONSTRUCTION	OMB NO 0938-039			
	of histoiencies Fodriteution			i .	19 Sandjue Mam - 10	(X3) DATE SU COMPLET			
	49535			D MANCI		06/0	5/2015		
MELIA NURSING CENTER 8836 V				PURESS, CRY STATE, ZIP CODE VIRGINIA STREET LIA, VA 23002					
IX4) ID PRESIX TAG	(BACH DEFICIENCY MUS	TATEMENT OF DEFICIENCIES THE PRECEDED BY FULL THE CHITEYING INFORMATION		ID TAG TAG	PROVIDENTS PLAN OF C (EACH CORRECTIVE ACTIV (EROSE HEFERENCED TO THE DEPICIENCY	DM GHOULD BE HE APPROPRIATE	(86) Lightpletion Date		
K 927 Continued From page 3 Hibrizontal sliding doors comply with 7.2.1 14, -Doors are self-closing or automatic classing in accordance with 19.2.2.2.6. Swinging doors not required to swing with egress and positive latching is not required. 19.3.7.5, 19.3.7.6.		n ; are 78	K 027	Maintenance Dept. will Mark Lane of Eagle Fire and required hardware for smoke doors and proper latching.	Administrator on	05/28/1			
er sten	Based upon observa- rated doors there are	met as evilfenced by jons the serier doors that are not equil nor hardwere. This coupsins	pped		4. The weekly report to a require maintenance to debarrier fire rated doors for prequired hardware.	check all smoke	05/29/1		
		4:12 pm on 5/8/15 that imer doors worth wing r			Overhead doors ad	liusted self closing	05/22/1		
K 029 SS≠D	NFPA 101 LIFE SAFETY CODE STANDARD One hour fire rated construction (with 1/4 hour file-rated doors) or an approved automatic fire extinguishing system in accordance with 6.4.1 and/or 19.3.5.4 protects hecardoos areas. When the approved automatic fire extinguishing system uplion is used, the areas are separated from other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or field-applied protective pistes that do not exceed 46 inches from the bottom of the door are permitted. 19.3.2.1			K 029	door in soiled line now self closin properly. 2. 100% check of all closing doors by Overhead doors an	en room and it is g and latching self latching and Eric Swirez of	05/22/1		
					• • • • • • • • • • • • • • • • • • • •	ept. in-serviced nce of all doors ng and latching to of hot gasses he door, should be at all times given gie Fire.	05/28/1 05/29/1		
					include checking doors by Mainter designee				

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		MEDICAID SERVICES		OO BUHULAA EEN	Lick Nation of States		0 0938-039
STATEMENT OF DEFICIENCES AND PLAFFOR CONFECTION		IXTE FROM DEPAYSUPPLIEN CLIK IOSNI HISCATION ALMORA		1	iain iraleding di	(xó) date survey Coxin eteb:	
				E www.	garante de la companya del companya de la companya del companya de la companya de	05/0	5/2015
	GVIDER OR SUPPLIER IURSING CENTER		8636 V	RESS, CITY, STATE, 29 IRGINIA STREET A, VA. 23002	LCORE	goggeneration groups of experiment and a second	
(X=):0 PGEFYX DAJ	PLACE OF PURENCY MOS	TATEMENT DE DEFIGIENCIES ST BE PRECEDED BY FULL RE LENTH'S ING IMECHANIZIONS		to Parity Tag	ROG TO MAIN CHTICIBROTH HOTEN ZYCCERROO TICKS) EUL CH CECHARTHAN ERONG (YOMAGGEEG	SHOULD BE	esse Essential Usie
	Based upon observations hexardous areas are not maintained to provide required separation and or fire resistant ratings for the hazardous areas. There are doors that are not self closing and tatching, that could allow smoke and hot gasses to pass through the doors, this could effect 5% of the occupants. Findings include. It is observed around 3:50 pm on 5/5/15 that the socied linen room door is not self closing and letching in laundry room tiesr washing machines. NEPA 101 LIFE SAFETY CODE STANDARD.			K 029			
K 046 SS≐E				K 048	 QA Nurse will p mandatory in-servi on the use of fire be conducted by Eagle Fire on 06/10 3pm 	ice for all staff extinguishers to Jeff Cooke of	06/01/1
	Based upon review or observations of the revacuation plan first a	tandard is not met us evidenced by: upon review of documentation and eations of the written emergency fire and eation plan that all of the required training for if have not been conducted.			 All staff will attend in-service to be 06/10/2015 regard fire extinguishers This will be done now on. 	e given on ling the use of in case of fire.	06/10/1
	Findings include Daring review of documentation of a gasvice				extinguishers. This	age of fire	06/10/1
	training records between 5/5/15 there is no i training on use of fire	sen 1730 PM and 250 i dacumentation for in se extinguishers by staff. evacuation stancequire	FW. Ervice		training. 4. Annual in-service extinguisher begins of June.		06/10/1
K 060 . 58#8	NEPA 101 CHE SAFE	ETY CODE STANDARE	>	K 050			

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		MEDICAID SERVICES		(X2) N(a, H(4)	Title Michigan	3724	l	<u>0, 0938-039</u>
STATUMENT DE DÉTICITATIES AND PLANCE CONRECTOS				G BUILTING ST - MAIN BUILDING ST			(XOVEMET SURVEY COMPLETED	
		495358		6 7.836	05/05/2015			
	COMPER OF SUMPLIER NURSING CENTER		8830 VI	etss of y, stale RGINIA STRE 1, VA 23002			, d 2 3 3 3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	The second section of the
CRAIN PAGEN TAGE	EACHORF CRINCY MUS	en al a mederation en de lescéped da l'ànt de en de lescéped da l'ànt de en al a mederation		ID PREAX	(EA	DUN DERS MAN DI CORRECTE CHUORRECT VE ACMON SHOUL IS REFERENCED TO THE APPROP DEFICIÉNCY:	O BE,	coepeto pare
X 050	Continued From pag	e 5		K 050	:			-
Fire drifts are held at unexpected times under verying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drifts are part of established routine. Responsibility for planning and conducting drifts is.			1.	Fire drill for 3-11 took place May 29,2015 at 9:00p.m. audible alarm. Used code phone system. Conducted Chalkley Maintenance Dire	without Red on by Alvin	05/29/15		
	assigned only to comprehent persons who are qualified to exercise leadership. When drills are cenducted between 8 PM and 6 AM a cortect amount only be used instead of audible alarms. 197.12		s aro t		2.	Planning for all Fire drills remainder of year for 201 done by Administrator to 3-11 fire drills are continuous between 9:00p.m. and with code red annount instead of audible alarms.	for 2015 will be Cator to be sure are conducted and 6:00a.m. announcements	
	Based upon observation of the the system is not mail 72	mot as evidenced by lions and reviews of the fire elem system Ittained according to Ni			3.	In-service by Direct Maintenance for all staff ensure they are family procedures during a fire to be aware that drills are established routine.	yearly to iar with drill and	06/10/15
	between 1 30 PM and facility is not conduct, at varying times. The following dates and til 3/25/18 at 7.30 am. 2 2/00 am. 12 /23/15 at	imentation of the fire di 1.2.30 PM on SMITS for og the emergency life o drills were conducted o mes; on 4/21/15 at 6/2 /27/15 at 0:05 pm 1/5 1.8,33 an; 11/14/14 pt 206 6,20 om; 9/9/14 at 206	ot Ina drils on the 10 am, 115 et		4.	thereafter. In quarterly Administrati add fire extinguisher y service to ensure it is a y service.	early in-	07/01/15
		n3/14, 5 30 am, 6/30:				smoke detectors in the will be replaced with ne		
K 051 53=0	A fire alarm system wideless or equipment WFPA 72, National Fire directive warning of five testion of the com-	or CODE STANDAR! th approved components installed according to a Alarm Code to provide its any part of the business fire alarm system alson automatic delections.	nts to de rding rs by	¥ (3) \	installat	rs according to the man lon instructions supported e and attached to an outlet	d to the	07/03/15

DEPARTMENT OF HEALTH AND FIUMAN BERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES Proleo 05/22/2015 FORM APPROVED OMB NO 0938-0391

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IXE MULTIME CONSTRUCTION STATICATION OF DEFICIENCIES **读书 网络圆圆圆额**用电影呼应题 X STEATE SUING Y A BUILDING OF - MAIN TURLUMO OF **新疆山东西社会社会教授的**自由中 CANTELLATION FLATICE. COMPULED 495358 D VANG 05/05/2015 NAME OF PROVIDER OR SUPPLIER SHEET MARKENS CHY STATE OF COOK AMELIA NURSING CENTER 8830 VIRGINIA STREET AMELIA, VA 23002 SUMMARY STREEMENT OF DEFICIENCIES PROMDERS PLAN OF CORRECTION Tex (X4.16) costruerson SEACH BAYCHENCY MISSLING PREDICTED BY FILL OF CHINGS Y REACHIOMERECTIVE ACTION SHOULD BE PROFE THERE X OME IAG CATRO DELLIGITATION OR OWNER ONE IÁG CROSS-REFERENCED FOR THE APPROPRIATE KYCSYPILITY: K 051 Continued From page 6 K 051 2a. 100% Inspection of all smoke detectors to make exhagoistring system operation. Pull stations in 07/03/15 sure they are secured according to the manufactures patient sleeping areas may be omitted provided installation instructions, supported to the structure and that manual pull stations are within 200 leet of attached to an outlet box by Eagle Fire project nurse's stations. Pull stations are located in the manager, Rich Heining. path of earess. Electronic or written records of tasis are available. A reliable second source of 3a. In-service for all maintenance staff regarding proper power is provided. Fire alarm systems are 07/03/15 installation of all smoke detectors. In-service by Eagle preinteined in accordance with NFPA 72 and Fire project manager, Rick Helning, during installation records of maintenance are kept readily available of new smoke detectors. There is remote annunciation of the life alarm system to an approved central station 1934 4a. Quarterly during QA meetings beginning 07/1/15 07/01/15 96 Maintenance Director will report to QA that he has checked all smoke detectors for proper installation. (QA check sheet for Maintenance) 05/27/15 1b. Building permit for new Fire panel obtained from Amella County Building Inspector. Amelia County Building inspector Richard 07/03/15 Jones, to meet with CSI project manager for new fire panel inspection for proper installation and give This Standard is not met as evidenized by certificate of completion. Based upon observations of the the line alignisysjem that there are areas where the smoke 2b. In the future any replacement/changes to the 05/27/15 detectors are not installed according to the building structure Administrator will call Amelia County building Inspector to be certain a permit is needed or manufacturer's ristallation instructions and by not needed. If so Administrator will make sure one is NEPA 72 obtained. Fredings molede 3b. Administrator was in-serviced by Amelia Building 05/29/15 Inspector, Richard Jones regarding importance of During review of ducumentation between 1.30 PM getting building permits and what constitutes the need and 2 30 PM on 5/5/15, bis revised that there was for one. a new life afarm panel that replaced the did panel. There is no brinding parmit issued by fee authority 4b. Administrator will report to Quality Assurance 07/1/15 having junsdiction and approval from the building Committee during quarterly meetings any building inspections apparament that the panel mosts the permits that were obtained during the previous quarter requirements of NEPA 72 and any upcoming changes that might require one.

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Printed 05/22/2015 FORM APPROVED OMB-NO 0938-0351

CENTERS FOR MEDICARE & MEDICAID SERVICES (X2) CIUTTHEF GONSTGUETION STATEMENT OF LITTLE MADES IN IT THROUGHERIES UPPLIERIES OF KAN DATE SERVICE AND FLAN OF CORRECTION A BUILDING OF - MAIN BUILDING OF IDENTIFICATION NUMBER: COMPLETIO 495358 06/05/2015 THAT OF PRODUCES OR SUPPLIER STREET HOUSENAND OF STREET SPEEDS AMELIA NURSING CENTER 8830 VIRGINIA STREET AMELIA, VA 23962 OO HE SUMMARY STATEMENT OF LL HOLDES PROVENTES PLANTOF SORBECTEON 111 PARTIX MACH DEFICIENCY MUST BE MAKE EDITORY ULL REJULATIONY र तिल्लाहा_र if ARM CONTECTOVE ACTION SHOULD SE 81×17 LAG OR LSC/DEST-FAINE AN ORDINANCE CRUSS NEESFENDED to IT IS APPROPRIATE 10.5 DEPOSESSION K 051 Continued From page 7 K 051 It is observed between 2.53 pm and 3:30 pm on \$75715 that there are smoke detectors dual are not supported from the atracture and are not attached to an outlet box. The smoke detectors are afficied to the ceiling tile with loggie botts near clean tinon roum, launary room, clean fleon storage, and at various locations in the existing building 1a. O'neals Electrical and Maintenance Director moved K 062 NEPA 101 LIFE SAFETY CODE STANDARD electrical cable that is lying on sprinkler pipe above the 06/03/15 SSÆE ceiling in corridor near business office and attached it Required automatic sprinkler systems are properly. continuously maintained in reliable operating 1b. Sprinkler head in the kitchen above the reach in condition and are inspected and lested cooler will be replaced by Eagle Fire-proposal approved 07/03/15 perioditally 39.1.6. 4.6.12 NEPA 13, NEPA 05/27/15. 25,975 1c. Signage posted on doors noting there are sprinkler 05/29/15 valves located inside the room. 1d. O'neals Electrical and Maintenance director untiled 06/5/2015 electrical cable from sprinkler pipe above the ceiling This Standard is not met as avidenced by near the north dining room and attached properly. Based upon observations of the sprinkler system. 1e. Maintenance Director untled electrical cable that is is not boing maintained tied to sprinkler pipe hanger in above the ceiling in the 06/05/2015 corridor near room 117 and removed It as It served no Emdings instude purpose. 2a.d.e Inspection of entire sprinkler system by Eagle It is posperved pround 2/35 pm on 9/5/15 that there Fire (proposal signed 06/1/15) to inspect and test to 07/03/15 is electrical cable that is ivery on sorinkler plogensure nothing is tied to sprinkler pipes or hangers. above the desired in condor near bouncess effica-2b. Eagle fire replacing 4 sprinkler heads in kitchen area 07/03/15 one of them being the one over the reach in cooler. 2c. 100% Inspection of all doors to address need for It is observed between 1950 pm and 4-18 cm on signage to note what is in the room and place signage 06/05/15 \$505 that there is a diffy sprinkler head in the where needed. kitoben apove the reach at cooler. 3. In-service by Eagle Fire for all maintenance regarding regulrement K062 NFPA 101 Life Safety code. It is observed between 4 16 pm and 4.28 pm on Importance of automatic sprinkler system being 06/10/15 3/5/15 that there are my sings on or near the continuously maintained in reliable operating condition according to rooms belong that there are supporter and need for inspection and testing periodically to look valves located inside the room. for problems like K062 (a) through (e). Taking special note that nothing Is lying on t is observed around 4.55 pm on 5/5/16 that there is allectrical cable that is find to sprinkler pipe

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KIRTULLIANE CONSTRUCTION ROUTER STREET STATEMENT OF UP CORNORS. PER PROVIDER CURRENTWICKIA A 11 TO PARTO OF + MAIN BUILDING OF AND BEASON CONSIDERING の変わて年代(本行した ないりつぎゅ CHERRISON 495358 6 Phril 05/05/2015 NAME OF HIDNIDER OF BUTPLIER SHIRE LAUGHESS, OF Y STATE ZIP COCE AMELIA NURSING CENTER 8830 VIRGINIA STREET AMELIA, VA 23002 : 3.8. SUMMARY SYMPROCKT OF DESIGNANT OF PROVIDERS PLANTOF CONGECTAIN (A4) (D CARRIED COMMON (EACH CORKEC NVE ACHION SHOULTHIN TEACH DEFICIENCY MUST BE PRECEDED BY FULL OF THE ARGINE DARF:X 1466 CHOIS BE THEN SES TO THE REPORTED IN OR USC (DENT FYING BY UNIVATION) 18% "A13 SPRICERCY. Cont. Sprinkler pipes in ceiling, nor tied to sprinkler or H 062 K 062 Continued From page 8 sprinkler pipes or sprinkler pipe hangers in ceiling above the caling near the north dising more anywhere .Also report to Maintenance/Administrator sprinklers that needed to be cleaned and/or replaced. It is observed around 4:18 pm on 5/5/15 that the All doors that lead to rooms having anything to do electrical cable is fied to sprinkler pure manner in with sprinkler valve operation always has signage so above the ceiling in the corndor near room, 117. emergency personnel can locate them easily in an K 060 NFPA 101 LIFE SAFETY CODE:STANDARD 2.000 emergency. K069 1.Removed 2/3rds of barrier behind kitchen SSTO 06/01/15 equipment and moved stove back 10 Inches so hood Corking facilities are protected in accordance can capture all grease and laden vapors. with 9.2.3 19 3.2 6, NEPA 96 2. Amelia County Building Inspector to inspect kitchen stove to be sure that it is now located in the correct 06/03/15 position under the kitchen hood to capture grease This Stangard is not must as evidenced by: and laden vapors. Pased upon observation the vitches knowpment is 3. Eagle Fire to in-service dletary manager dietary not located in the correct position under the staff and maintenance and administrator on the kitchen hood to capture grease laden vecors 06/03/15 Importance of Life Safety code standard K069 and the need for kitchen equipment to be located in correct Findings reducte positions. 4. On weekly report to Administrator and it is observed between \$ 50 ptc and 4 18 pm or Maintenance Director will Inspect stove to make sure 06/06/15 \$45/15 that he store's cooking surface is not It remains in proper position under the kitchen hood Jocated inside at least 6 attains from the edge of to capture grease and laden vapors the hosh 1. "No 5moking" signage placed on the fuel storage K 130 KITSO INTRAITOR MISCELLAMEDUS tank that the generator is sitting on and signage on \$9×0 the tank to identify the fire hazards of the contents of COMER USO DEFICIENCY NOTION 2786 05/28/15 the fuel oil (diesel fuel) that Is in the tank. 2.100% check of all other fuel that may need signage 06/02/15 to let all know of possible fire hazards by administrator and Director of Maintenance. 3. In-service to all staff regarding meaning of signage This Standard is not mel as evidenced by that has been placed on generator and other fuel that frased upon observations generated lugi storage 06/10/15 may be hazardous. tank that the tank does not have the "equired labeling according to NFPA 30 4. Weekly report to check all signage to make sure it is all in place on all hazardous fuel. Findings include 06/05/15 It is disserved around 4.28 pin on 5/5/15 that there are no "No Smoking" signs on the fuel storage

Continence of KO62

4. Quarterly Inspections of sprinkler system by Eagle Fire to include checking for signage and looking in ceilings for any irregularities with sprinkler heads.

07/15/15

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DEPARTMENT OF HEALTH AND HUMAIN SERVICES CENTERS FOR MEDICARE 8 MEDICAID SERVICES

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		495358	8 VIII	u vau,			5/2015
	OWDER ON BUTTER FURSING CENTER		SUBLI MODUT SS, CH 9830 VIRGINIA AMELIA, VA 2	STREET	`` (\$6.8 1) 5.	White Friedrich of Communication (Control of Communication)	
igerio Perio Perio	MACHIDEFICIENCY ORIS	CALLIMERS OF DEFICIENCIES O BLE PRADITUE D'BY FOIL OF ENTIFYING MEORIASIONS	and the second s	114	PROVIDIAN ILAN OF COMBCO EARTH COMBECTIVE ACTION FROM UNDSSEEFFRENCES TO THE APPRI DEFIDENCES	nD នេះ	41.4°₹ 41.4°₹
K 130	on the tank to identify contexts of the fuel o	or is siting on and no la the fee hazards of the	speling	130			
K 144 S9≈C	NFPA 101 LIFE SAF	ETY CODE STANDARI cled weekly and exerci sizes not month in	> к	'44 1.	Lanny O'Neal of O'Neals elect the electrician who hooke Generator showed Adminis Director of Maintenance whe to find A-B-C Amp load, we Hertz. Every Tuesday Maintenance E	ed up the strator and re and how oltage, and	05/29/15
	This Standard is not	met as avidenced by:		2.	Log on generator form A-B-C voltage, and hertz. 100% of t generator log form will needed documentation that obtained during the load test Tuesdays 9:00a.m9:30a.m	camp load, he time the contain all t must be t weekly on	06/02/15
	not compiete docume	I documentation that the intalion of the testing a irgency generator acco	d	3.	In-service by Lanny O'Neal to Maintenance and Administr to look on Generator for information for the form so documentations will be kept to	ator where or needed all needed	05/29/15
	PM and 2:30 PM on this pection on the reports does not contident to the documentation requirementation requirementation.	documentation outweer 5/0/15 of the monthly no amorganisy general ain the complete ed in NFPA 110 - It doc C phase amp lood, Vol	or thu os not	4.	Weekly Maintenance Direct documentation on Generator sure it contains A-B-C amp lo and hertz and Administrator off on it weekly.	log making ad, voltage,	05/02/15
S916	Flausetal wirkel and :	ETY CODE STANDAR! Sui roment is in accord ou Eleupeus Code 5 1	ance	Ca	a. Junction box was closed an able was secured to bullding st laintenance and O'Neal Electrical	tructure. By	06/05/15

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICACO SERVICES

France 35 22/9015 FURMAPINOVEO OMBINO, 0938-0391

CEMIEKS	EUR MEDICARE & D	MEDICAID SERVICES				UMBIV	<u>(), 0938-03</u>	
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		495358		स अक्टब	and the second second	05/0	5/2015	
WAL OF PR	OVILER OR SUPPLIER	***************************************	STREET ACKS	PRES CHTY, STAT	E SIP CODE			
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(7.45) ID PREPO: TAG	JENOU DEFINIEROY MUS	taurang indoppation a ne burerord baring a a ne during per dus		1965 - 14 1965 - 14	PROCEETS ILAN OF COURT CACH COURT CASS NOT AS ANY CACH COURT CASS NOT AS ANY CACH CASS NOT CASS NOT AS CACH CASS NOT CAS	អភាគមិន	- 27 - 1485-(5) \$ (2 - DATE	
K 147	Continued From pag	e 10		K 147				
	This Standard is not	met as evidenced by:			1b. Electrical cable is now supported the celling in activity room by		06/05/15	
	Based upon observations the electrical systems and equipment is not being maintained				director and O'neal Electrical.			
. ,	Findings include				1c. Missing screw was screwed into light fixture that was attached to outlet box by one screw in small storage room in the laundry room by Maintenance Director.		06/05/15	
	is an open junction be	2 35 pm on 3/5/15 that ox above the crotting an	1d. Main breaker in generator was labeled noting					
		le thut is not suppolied in carridor mear busine	what the breaker served and location of panel 05/ that it serves by O'neals Electrical.					
	is electrical cable tha	2 63 pm on 5/5/15 the file net supported from ever the celling in estima	the		 Placed signage on all electrical noting that the rooms are electrical maintenance. 		05/26/15	
	toem It is chearved around is a light fixture instit one screw in small at	сру		 100% inspection of the facility Electrical and Maintenance Department electrical wiring and equipaccordance with NFPA70, National 9.1.2 	nent to ensure pment is In	07/03/15		
	it is observed around 4-16 pm on 5/8/15 that the main preaker in generator is not tabeled noting what the breaker serves and the focation of canet that it serves. It is observed between 4-18 pm and 4-28 pm on 5/6/15 that there we no signs on or hear the doors to rooms noting that the room is an electrical room.				3. In-service for Maintenance D O'neal Electrical who will demonstrate Electrical Wiring ar according to National Electrical Co	discuss and equipment ode 9.1.2 with	07/03/15	
					special emphasis on findings of K14 4. MaIntenance to do weekl throughout facility to assure there or electrical problems and if so add weekly report.	y Inspections are no wiring	06/05/15	

FIRE SAFETY SURVEY REPORT CRUCIAL DATA EXTRACT C-0140-001 (TO BE USED WITH CMS-2786 FORMS) PROVIDER NUMBER **FACILITY NAME** SURVEY DATE Amelia Rehabilitation and Nursing Center 5-5/15 K1 **K3 MULTIPLE CONSTRUCTION** A BUILDING K6 DATE OF PLAN TOTAL NUMBER OF BUILDINGS $^{ m l}$ B WING **APPROVAL** C FLOOR 1/1990 01 D APARTMENT UNIT NUMBER OF THIS BUILDING LSC FORM INDICATOR COMPLETE IF ICF/MR IS SURVEYED UNDER CHAPTER 21 **SMALL** (16 BEDS OR LESS) **Health Care Form** 1 PROMPT 12 2786R 2000 EXISTING K8: 2 SLOW 13 2786R 2000 NEW 3 IMPRACTICAL **ASC Form LARGE** 2000 EXISTING 14 2786U 4 PROMPT 15 2786U 2000 NEW K8: 5 SLOW **6 IMPRACTICAL ICF/MR** Form APARTMENT HOUSE 2786V, W, X 2000 EXISTING 16 17 2786V, W, X 2000 NEW 7 PROMPT 8 SLOW K8: · K7 12 | SELECT NUMBER OF FORM USED FROM ABOVE 9 IMPRACTICAL ENTER E - SCORE HERE (Check if K29 or K56 are marked as not applicable in the 2786 M, R, T, U, V, W, X and Y.) e.g. 2.5 K5: K29: K56: 'K9: FACILITY MEETS LSC BASED ON (Check all that apply) A4. A5. (COMP. WITH (ACCEPTABLE POC) (WAIVERS) (FSES) (PERFORMANCE ALL PROVISIONS) BASED DESIGN) FACILITY DOES NOT MEET LSC K0180 C. В. В. **FULLY SPRINKLERED** PARTIALLY SPRINKLERED NONE (All required areas are sprinklered) (Not all required areas are sprinklered) (No sprinkler system)

* MANDATORY